

What's Inside

Acute Flaccid Myelitis  
Page 1

November Public Health  
Observances  
Page 2

Epi Spotlight  
Page 2

Data Quality Indicators  
Page 3

Disease Targets  
Page 4

VPD Indicators  
Page 5

Outbreaks Report  
Page 6

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Bureau of Epidemiology & Public Health Informatics

Acute Flaccid Myelitis

by Sheri Tubach, MPH, MS

Acute flaccid myelitis (AFM) is a rare condition that affects a person’s nervous system, specifically the spinal cord. AFM or neurologic conditions like it have a variety of causes such as viruses, environmental toxins, and genetic disorders.

Symptoms of AFM include:

- sudden onset of arm or leg weakness and loss of muscle tone and reflexes,
- facial droop/weakness,
- difficulty moving the eyes,
- drooping eyelids, or
- difficulty with swallowing or slurred speech.

Although AFM is considered a rare disease (one case per one million population), since August 2014, the Centers for Disease Control and Prevention (CDC) and state and local health departments have seen an increased number of people in the United States with AFM. So far in 2018, 22 states have reported cases of AFM and 62 of these have been confirmed. In Kansas, this year, there have been no cases of AFM that have been confirmed. Updated case counts for the United States will be posted each Monday on the CDC’s AFM surveillance website (<https://www.cdc.gov/acute-flaccid-myelitis/afm-surveillance.html>) and case counts for Kansas will be updated each Tuesday on the KDHE Case Reports of Diseases website (<http://www.kdheks.gov/epi/case-reports-by-county.htm>).

AFM became a reportable disease in Kansas on May 11, 2018; therefore, clinicians should be aware of the symptoms of AFM and report any suspected case to the Kansas Department of Health and Environment (KDHE) or local health department as soon as it is suspected. KDHE will be able to coordinate specimen collection and testing and will work with the CDC to confirm cases of AFM in Kansas.

For more information on AFM or to report a case of AFM please call the KDHE epidemiology hotline at 877-427-7317.



## November Public Health Observances

### American Diabetes Month

**EVERYDAY REALITY**

<http://www.diabetes.org/in-my-community/american-diabetes-month/>

### U.S Antibiotic Awareness Week

November 13-19



<https://www.cdc.gov/antibiotic-use/week/index.html>

### Great American Smokeout

November 15



<https://www.cancer.org/healthy/stay-away-from-tobacco/great-american-smokeout.html>

### National Healthy Skin Month



<https://www.aad.org/>

## Reminders

### Involved in an investigation and have questions?

All Disease Investigation Guidelines (DIGs) can be found on the KDHE website, [http://www.kdheks.gov/epi/disease\\_investigation\\_guidelines.htm](http://www.kdheks.gov/epi/disease_investigation_guidelines.htm)

### Need resources for food-borne disease cases?

We have useful links on our Food-borne Disease page, <http://www.kdheks.gov/epi/foodborne.htm>.

### Do you ever wonder about past outbreaks?

Read our Investigative Reports, <http://www.kdheks.gov/epi/outbreaks.htm>.

### Would you like to read past volumes of the *Epi Updates* newsletter?

You can find them anytime, [http://www.kdheks.gov/epi/epi\\_newsletter.htm](http://www.kdheks.gov/epi/epi_newsletter.htm).



## Epi Spotlight - Sheri Tubach

Sheri Tubach is the Director of the Infectious Disease Epidemiology and Response Section (IDER) at the Kansas Department of Health and Environment (KDHE). She has worked at KDHE for over 11 years. Sheri received her Master of Public Health from Kansas State University in 2006 and is currently working on her Doctorate of Public Health at the University of Illinois at Chicago.

While growing up and as an adult Sheri lived in seven states; Utah, Virginia, Georgia, New Mexico, Texas, Colorado and now in Kansas. When not studying or working she enjoys hiking, kayaking, vacationing in her travel trailer, and reading. Sheri also enjoys playing with her dogs, Leo and Maple.



Sheri Tubach

## UPDATE EPITRAX DATA QUALITY INDICATORS

by Sheri Tubach, MPH MS

The Bureau of Epidemiology and Public Health Informatics has implemented a set of monthly quality indicators and performance measures to encourage data quality improvement in EpiTrax and timeliness of investigations. I am now calculating the performance measures of interview attempt and interview completion using either the report date to the LHD or the date the event was created in EpiTrax. The disease specific targets for interview initiation and interview completion can be found below. I hope that these performance measures will be more helpful in prioritizing case investigations.

For questions, contact Sheri Tubach at [sheri.tubach@ks.gov](mailto:sheri.tubach@ks.gov).

September 2018		State's Total Number of Cases* = 345	
EpiTrax Indicators			
EpiTrax Field	Number of Cases with Field Completed		Percent Completed
Address City	336		97
Address County	345		100
Address Zip	335		97
Date of Birth	336		97
Died	299		87
Ethnicity†	272		79
Hospitalized	295		86
Occupation	185		54
Onset Date	265		77
Pregnancy††	120		77
Race †	288		83
Sex †	336		97
Persons Interviewed	204		59
Persons Lost to Follow-Up	17		5
Persons Refused Interview	0		0
Persons Not Interviewed	124		36
	Number of Cases		Percent of Cases
Interview was attempted within the target for each disease <sup>^52</sup>	138		42
Case investigations were completed within the target for each disease <sup>^</sup>	126		38

\*Calculations do not include Hepatitis B - chronic, Hepatitis C – Chronic or acute, or Animal Rabies

\*\* Out-of-state, discarded, deleted or those deemed to be not a case are not included in this calculation.

† Unknown considered incomplete.

†† Pregnancy completeness calculated on females only

<sup>^</sup> See the table below for interview attempt and completed case interview targets

Continued on Page 4



## Disease Targets

Diseases	Disease Control (Days)*	Completed Case Investigation (Days)**
Anthrax; Botulism; Brucellosis; Cholera; Diphtheria; Hantavirus Pulmonary Syndrome; Hepatitis A; Influenza deaths in children <18 years of age; Measles; Meningitis, bacterial; Meningococcemia; Mumps; Plague; Poliomyelitis; Q Fever; Rabies, human; Rubella; Severe acute respiratory syndrome (SARS); Smallpox; Tetanus; Tularemia; Viral hemorrhagic fever; Yellow fever	1	3
Varicella	1	5
Pertussis	1	14
Campylobacter infections; Cryptosporidiosis; Cyclospora infection; Giardiasis; Hemolytic uremic syndrome, post diarrheal; Hepatitis B, acute; Legionellosis; Listeriosis; Salmonellosis, including typhoid fever; Shigellosis; Shiga-toxin Escherichia coli (STEC); Trichinosis; Vibriosis (not cholera)	3	5
Arboviral disease (including West Nile virus, Chikungunya, and Dengue); Haemophilus influenzae, invasive disease; Streptococcus pneumoniae, invasive	3	7
Ehrlichiosis / Anaplasmosis; Lyme disease; Malaria; Spotted Fever Rickettsiosis	3	14
Hepatitis B, chronic; Hepatitis C, chronic; Hepatitis C, acute; Leprosy (Hansen disease); Psittacosis; Streptococcal invasive, drug-resistant disease from Group A Streptococcus; Toxic shock syndrome, streptococcal and staphylococcal; Transmissible spongiform encephalopathy (TSE) or prion disease	N/A	N/A

### Monthly Disease Counts

Please refer to the Cumulative Case Reports of Diseases ([http://www.kdheks.gov/epi\\_case\\_reports\\_by\\_county.htm](http://www.kdheks.gov/epi_case_reports_by_county.htm)) for current case count information.

**\*Disease Control:** Calculated by using EpiTrax Fields: (Date LHD Investigation Started) OR (Call Attempt 1 date for Salmonellosis and STEC) - (Date Reported to Public Health) OR (Date Reported to KDHE)

**\*\*Completed Case Investigation:** Calculated by using EpiTrax fields: (Date LHD Investigation Completed) - (Date Reported to Public Health) OR (Date Reported to KDHE)



## VACCINE-PREVENTABLE DISEASE SURVEILLANCE INDICATORS

by Allison Zaldivar, MPH

The completeness and quality of specific surveillance indicators for vaccine-preventable diseases (VPDs) reported to the Kansas Department of Health and Environment (KDHE) from July 1 to September 30, 2018 can be found in the table below. As always, the bolded percentages represent the indicators that have less than 90% completion and the data presented in the chart is preliminary and subject to change.

**Keep up the good work!** All indicators surpassed the 90% completion goal this quarter. Most indicators reached 100% completion!

A reminder—due to your hard work in completing these fields in EpiTrax, it has been decided that VPD surveillance indicators will be monitored and published on a quarterly basis. For questions regarding this data, please contact Allison Zaldivar at (785) 368-8208 or [Allison.Zaldivar@ks.gov](mailto:Allison.Zaldivar@ks.gov).

VPD Indicators Reported during Quarter 3 (July 1 to September 30, 2018) in Kansas					
Indicators	<i>Haemophilus influenzae</i> , invasive	Mumps	Pertussis	<i>Streptococcus pneumoniae</i> , invasive	Varicella
Number of reported cases	8	1	30	18	36
% of cases with date of birth	100%	100%	100%	100%	100%
% of cases with gender	100%	100%	100%	100%	100%
% of cases with race	100%	100%	100%	100%	100%
% of cases with ethnicity	100%	100%	100%	94%	100%
% of cases with onset date <sup>‡</sup>	100%	100%	100%	94%	100%
% of cases with hospitalized noted	100%	100%	100%	100%	100%
% of cases with died noted	100%	100%	100%	100%	100%
% of cases with vaccination status <sup>*</sup>	100%	100%	93%	94% <sup>§</sup>	100%
% of cases with transmission setting <sup>¶</sup>	N/A <sup>**</sup>	100%	100%	N/A <sup>**</sup>	97%
% of cases with completed symptom profiles	N/A <sup>**</sup>	100%	93%	N/A <sup>**</sup>	94%

\*Excludes cases with a State Case Status of “Suspect”, “Out of State”, or “Not a Case.”

‡Data is pulled from onset date field within the clinical tab, not the investigation tab.

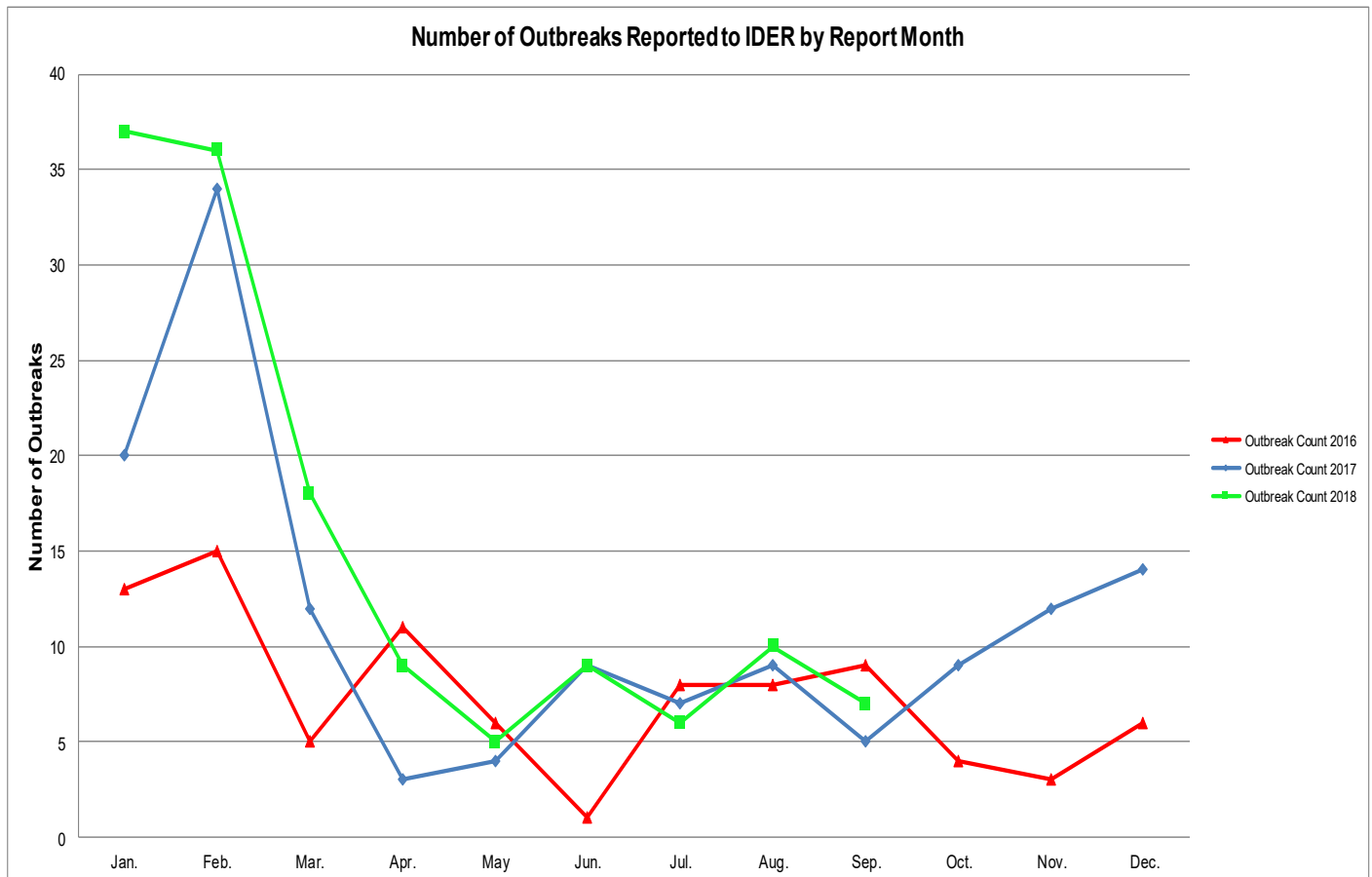
\*Unknown is considered a valid response if patient is older than 18 years of age.

\*\*Indicator field is not included in supplemental disease form; *S. pneumoniae* and *H. influenzae* do not have clinical case definitions.

§Indicator considered complete if either polysaccharide or conjugate pneumococcal vaccine history is documented.

¶Unknown is considered a valid response for this indicator.

# Outbreaks Report



Date Reported	Facility Type	Transmission/Exposure	Disease/Condition	County
9/10/2018	Restaurant	Food	Unknown Etiology	Miami
9/12/2018	Restaurant	Food	Unknown Etiology	Johnson
9/18/2018	Unknown	Animal Contact	Salmonellosis	Multi-state
9/19/2018	Unknown	Indeterminate	Salmonellosis	Multi-state
9/20/2018	Unknown	Indeterminate	Salmonellosis	Douglas
9/25/2018	Restaurant	Food	Salmonellosis	Wyandotte
9/26/2018	Restaurant	Food	Unknown Etiology	Johnson